

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

## RE: CLAIM FOR DAMAGES

Today's Date: 5-8-00 *Mitchell*

05-10-00 104:55 IN

Dear Municipal Clerk:

ENTERED - 5-19-00 - SB  
00L0284 - DIANNE MITCHELLThis is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 418.97 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.1. Date of incident: April 21, 2000 2. Time of incident: 4:00 3. Police called: ☒ Yes ☐ No4. Location of incident (including street address): Entering South Terminal Atl. Hartsfield airport5. Name of your insurance company: State Policy No. 0218919596. State what and how incident occurred: On April 21 at approximately 4:00 pm I was entering Atlanta Hartsfield Airport to greet a relative. While driving through the South Terminal I noticed lawn maintenance workers mowing the lawn. As I was driving by a rock flew from the mower and hit my right front door, shattering the window glass.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: VOLVO 850 96 394 PJP Jody Reed  
(Make) (Year) (Tag Number) (Driver's Name)City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Jody Reed  
Signature of ClaimantJody Reed  
(Print Claimant's Name)1790 Benningfield Dr.  
(Address)Marietta, Ga 30064  
(City, State and Zip Code)770) 421-9100 770) 420-2820  
(Work Number) (Home Number)

00- R-1842